

| CLAIMS ONLY                                       |          |        |                       |        |                        |             |
|---|----------|--------|-----------------------|--------|------------------------|-------------|
| Application Number<br>10766826                    |          |        |                       |        |                        | Filing Date |
| Applicant(s)                                      |          |        |                       |        |                        |             |
|   |          |        |                       |        |                        |             |
| * May be used for additional claims or amendments |          |        |                       |        |                        |             |
| CLAIMS  | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |             |
|   | Indep    | Depend | Indep                 | Depend | Indep                  | Depend      |
| 1   | 1        |        |                       |        |                        |             |
| 2   |          | 1      |                       |        |                        |             |
| 3   |          | 1      |                       |        |                        |             |
| 4   |          | 1      |                       |        |                        |             |
| 5   |          | 1      |                       |        |                        |             |
| 6   |          | 1      |                       |        |                        |             |
| 7   |          | 1      |                       |        |                        |             |
| 8   |          |        |                       |        |                        |             |
| 9   |          |        |                       |        |                        |             |
| 10  |          |        |                       |        |                        |             |
| 11  |          |        |                       |        |                        |             |
| 12  |          |        |                       |        |                        |             |
| 13  |          |        |                       |        |                        |             |
| 14  |          |        |                       |        |                        |             |
| 15  |          |        |                       |        |                        |             |
| 16  |          |        |                       |        |                        |             |
| 17  |          |        |                       |        |                        |             |
| 18  |          |        |                       |        |                        |             |
| 19  |          |        |                       |        |                        |             |
| 20  |          |        |                       |        |                        |             |
| 21  |          |        |                       |        |                        |             |
| 22  |          |        |                       |        |                        |             |
| 23  |          |        |                       |        |                        |             |
| 24  |          |        |                       |        |                        |             |
| 25  |          |        |                       |        |                        |             |
| 26  |          |        |                       |        |                        |             |
| 27  |          |        |                       |        |                        |             |
| 28  |          |        |                       |        |                        |             |
| 29  |          |        |                       |        |                        |             |
| 30  |          |        |                       |        |                        |             |
| 31  |          |        |                       |        |                        |             |
| 32  |          |        |                       |        |                        |             |
| 33  |          |        |                       |        |                        |             |
| 34  |          |        |                       |        |                        |             |
| 35  |          |        |                       |        |                        |             |
| 36  |          |        |                       |        |                        |             |
| 37  |          |        |                       |        |                        |             |
| 38  |          |        |                       |        |                        |             |
| 39  |          |        |                       |        |                        |             |
| 40  |          |        |                       |        |                        |             |
| 41  |          |        |                       |        |                        |             |
| 42  |          |        |                       |        |                        |             |
| 43  |          |        |                       |        |                        |             |
| 44  |          |        |                       |        |                        |             |
| 45  |          |        |                       |        |                        |             |
| 46  |          |        |                       |        |                        |             |
| 47  |          |        |                       |        |                        |             |
| 48  |          |        |                       |        |                        |             |
| 49  |          |        |                       |        |                        |             |
| 50  |          |        |                       |        |                        |             |
| Total Indep                                       | 1        |        |                       |        |                        |             |
| Total Depend                                      | 6        |        |                       |        |                        |             |
| Total Claims                                      | 7        |        |                       |        |                        |             |